

11-09-05

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Atty. Dkt. No. 355491-1253

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Christopher D. ROBERTS et al.

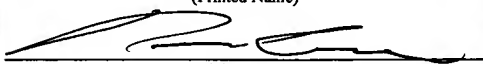
Title: NUCLEOSIDE DERIVATIVES  
FOR TREATING HEPATITIS C  
VIRUS INFECTION

Appl. No.: 10/821,638

Filing Date: 4/8/2004

Examiner: Lawrence E. Crane

Art Unit: 1623

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 643 731 030 US	November 7, 2005
(Express Mail Label Number)	(Date of Deposit)
Rene Campos	
(Printed Name)	
	
(Signature)	

**AMENDMENT TRANSMITTAL**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

- ☒ Amendment (18 pgs.);
- ☒ Supplemental Information Disclosure Statement (3 pgs.);
- ☒ PTO/SB/08 (1 pg.);
- ☒ Copy of WO 03/072757 A2 (183 pgs.);
- ☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	10	-	20	=	0	x	\$50.00	=	\$0.00
Independent	3	-	3	=	0	x	\$200.00	=	\$0.00



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Claims:

First presentation of any Multiple Dependent Claims: + \$360.00 = \$0.00

CLAIMS FEE TOTAL = \$0.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$450.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
EXTENSION FEE TOTAL:		\$450.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$450.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$450.00

- ☒ A check in the amount of \$530.00 is enclosed; \$450.00 for 2-month Extension of Time; \$180.00 for Information Disclosure Statement.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/7/05

By Gerald F. Swiss

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Gerald F. Swiss  
Attorney for Applicant  
Registration No. 30,113